



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**HOME AND COMMUNITY BASED WAIVER
Policy Manual**

Section: APPENDIX

➤ **Subject: Discharge Letter of
Notification Form Instructions
(SLTC 144)**

➤ **References: ARM 37.40.1406**

PURPOSE

The Case Management Team (CMT) uses this form to notify members being discharged from Home and Community Based Services (HCBS), explains the reasons for the discharge, and notifies the members of their Fair Hearing rights. The member may request a Fair Hearing by filling out the bottom portion of the form and mailing it to the Fair Hearings Office.

DISTRIBUTION

The original copy is sent to the member. The CMT retains a copy. Regional Program Officer (RPO), when applicable, retains a copy.

INSTRUCTIONS

- To: List the name, complete mailing address and phone number of the HCBS member.
- From: List the name, complete address and phone number of the HCBS CMT issuing the notification.
- Action: Check reason for the discharge and give date of discharge. If reason "F" is checked, the CMT will contact the RPO for review. If the RPO concurs with the discharge, the CMT will explain the reason for the termination in this section and give effective date of discharge.
- Discharges under Option "F", the RPO must also send a formal discharge letter. Refer to HCBS 404.

NOTE: Since this is an adverse action, you must give the member 10 day notice prior to discharge.

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Signatures: If discharge was for reason "A" or "B", the CMT signs and dates the form and mails a copy to the member. If the discharge was for reason "F", both the CMT and the RPO must sign and date the form prior to distribution.

NOTE: Do not send this form to the member or member's family if member is deceased.